

App # 09/644,777

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		8.31.00
O.I.P.E. CLASSIFIER		59	95
FORMALITY REVIEW	TN	TC 250	10 16 00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/31/00
2	✓	✓	8/31/00
3	✓	✓	8/31/00
4	✓	✓	8/31/00
5	✓	✓	8/31/00
6	✓	✓	8/31/00
7	✓	✓	8/31/00
8	✓	✓	8/31/00
9	✓	✓	8/31/00
10	✓	✓	8/31/00
11	✓	✓	8/31/00
12	✓	✓	8/31/00
13	✓	✓	8/31/00
14	✓	✓	8/31/00
15	✓	✓	8/31/00
16	✓	✓	8/31/00
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27	✓	✓	8/31/00
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29	✓	✓	8/31/00
30	✓	✓	8/31/00
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47	✓	✓	8/31/00
48	✓	✓	8/31/00
49	✓	✓	8/31/00
50	✓	✓	8/31/00

Claim	Final	Original	Date
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52	✓	✓	8/31/00
53	✓	✓	8/31/00
54	✓	✓	8/31/00
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96	✓	✓	8/31/00
97	✓	✓	8/31/00
98	✓	✓	8/31/00
99	✓	✓	8/31/00
100	✓	✓	8/31/00

Claim	Final	Original	Date
101	✓	✓	8/31/00
102	✓	✓	8/31/00
103	✓	✓	8/31/00
104	✓	✓	8/31/00
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115	✓	✓	8/31/00
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146	✓	✓	8/31/00
147	✓	✓	8/31/00
148	✓	✓	8/31/00
149	✓	✓	8/31/00
150	✓	✓	8/31/00

Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)